

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06055



Reg. Dist. No.

74/193

1. PLACE OF DEATH:

County Howard
 City or town Hykesville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 13 months
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Howard
 City or town Hykesville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Virginia T. Brandenburg

3. (b) Social Security Number

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced Widowed6.(b) Name of husband or wife Dorsey Williams7. Birth date of deceased (mo., day, yr.) August 6, 1869 6.(c) If alive, give age _____ years8. AGE: Years 77 Months 10 Days 9 If less than one day _____ hrs. _____ min.9. Birthplace Md. (Town, county, and state)10. Usual occupation House Wife11. Industry or business Home12. Name Joshua Noah Phillips13. Birthplace Md.14. Maiden name Sarah Jane Humphries15. Birthplace Md.16. Informant Mr. Rudolph BrandenburgAddress Hykesville, Md.17. Burial Date thereof 6-18-46

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory New Oakland CemeteryLocation M. Oakland Mills, Carroll Co. Md.18. Funeral director C. Harry WeberAddress Hykesville, Md.19. June 17 19 46 C. Harry Weber

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 19 46 at 9:30 AM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 12 19 46 to June 15 19 46and that I last saw him alive on June 15 19 46Immediate cause of death Abdominal hemorrhage DURATION 3 daDue to cause unknown

Due to _____

Other conditions Ch. Myocarditis ? yrsAdvanced Aortic Sclerosis ? yrs

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE J. Stanley Grubill M. D. or otherAddress Maryland Date signed 6/16/46

RECEIVED

JUN 25 1946

BUREAU V. 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 734

CERTIFICATE OF DEATH

 16056 195
 Reg. Dist. No.

1. PLACE OF DEATH:

County HowardCity or town Jessup
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 40 yr.

Hospital, institution, or street address where death occurred:

Washington Boulevard

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HowardCity or town Jessup
(If outside city or town limits, write RURAL and give nearest town)Street No. Washington Boulevard

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Charles Walter Crook

3. (b) Social Security Number

214-12-21696

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male White Married6.(b) Name of husband or wife Mary DorseyCrook6.(c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.)

Mar. 2, 1881

8. AGE: Years Months Days If less than one day

65 3 15 hrs. min.9. Birthplace Howard Co. Md.

(Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business

12. Name Charles William Crook13. Birthplace Annapolis Junction14. Maiden name Laura Virginia Catford15. Birthplace Annapolis Junction, Md.16. Informant Mrs. Mary CrookAddress Jessup, Md.17. Burial Date thereof June 20, 1946

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Meadowridge MemorialLocation Washington Blvd & Dorsey RdEaston Ave18. Funeral director Ed Elliott City, Md.Address 6/18/46

19. (Date rec'd by registrar)

Frank Shipley

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17, 1946 at 11:20 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 12, 1946 to June 17, 1946and that I last saw him alive on June 16, 1946Immediate cause of death Coronary ThrombosisDue to Chr. Myocarditis

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank E Shipley, M.D.Address Savage, Md. Date signed 6/18/46

RECEIVED
JUN 21 1946
BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 902

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH:

County HowardCity or town Elkridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 37 yrs

Hospital, institution, or street address where death occurred:

5523 Race RoadHow long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County HowardCity or town Elkridge
(If outside city or town limits, write RURAL and give nearest town)Street No. 5523 Race Road
(If rural, give LOCATION)2(a) If veteran, name war none

3. (a) FULL NAME

Joshua Thomas Green

3. (b) Social Security Number

705-12-36774. Sex Male5. Color or race Col6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Cora Etha Green

7. Birth date of deceased (mo., day, yr.)

March 1, 1885

6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

61329

hrs.

min.

9. Birthplace Genevieve G. Md.

(Town, county, and state)

10. Usual occupation Labourer11. Industry or business R-80 R.R. Track

MOTHER FATHER

12. Name Zadrich Green13. Birthplace Prussia, Pa. G. Md.14. Maiden name Marjorie Ann Lewis15. Birthplace Prussia, Pa. G. Md.16. Informant Cora GreenAddress 5523 Race Rd, Elkridge, 2748

17. Burial (Burial, cremation, or removal. Which?)

Date thereof June 27, 1946
(month) (day) (year)Cemetery or crematory Gaines CemeteryLocation Elkridge, Md.18. Funeral director Mrs Kate R. WilliamsAddress 322 N. Schroeder St.19. 6/27/46 (Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1946, at 8:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 1946, to June 24 1946and that I last saw him alive on June 23 1946

Immediate cause of death

Barbiturate Poisoning

DURATION

6 hrsDue to BronchopneumoniaDue to Myocardial InfarctionOther conditions Chronic

(Include pregnancy within 8 months of death)

Major findings of operations _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

23. SIGNATURE A. J. Humphreys

M. D. or other

Address Elkridge, Md. (Date signed 6/24/46)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (467)

CERTIFICATE OF DEATH

 06058
 ★ Reg. Dist. No. 194

1. PLACE OF DEATH:

 County HOWARD
 City or town CLARKSVILLE
 (If outside city or town limits, write RURAL and give nearest town)

 How long in above place of death?
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

 State MARYLAND County HOWARD
 City or town CLARKSVILLE
 (If outside city or town limits, write RURAL and give nearest town)

 Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

MILTON ROBERT IGLEHART

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

M W MARRIED6. (b) Name of husband or wife MARY B IGLEHART7. Birth date of deceased (mo., day, yr.) AUGUST 24, 1878

6. (c) If alive, give age _____ years

 8. AGE: Years Months Days If less than one day
67 9 18 hrs. min.
9. Birthplace CLARKSVILLE Md.
(Town, county, and state)10. Usual occupation FARMER

11. Industry or business

12. Name WILLIAM IGLEHART13. Birthplace Md.14. Maiden name MARY V HARDING15. Birthplace Md.16. Informant MRS. M. B. IGLEHARTAddress CLARKSVILLE Md.17. BURIAL Date thereof 6-15-46
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory ST MARKSLocation HIGHLAND, Md.18. Funeral director F. C. HIGINBOTHAMAddress ELLIOTT CITY, Md19. _____ 19. _____
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JUNE 12 1946 at 11⁰⁰ P M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 1st 1946, to June 12 1946,
 and that I last saw him alive on June 12 1946.
Immediate cause of death Abdominal Carcinomatosis - 6 mos.

DURATION

Due to Carcinoma of liver 1 yr.

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations Carcinoma of liver
Date of op. Aug. 1945Autopsy results ✓

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Frank Shipley, M.D.Address Savage, Md. Date signed 6/14/46

RECEIVED
JUN 15 1946
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 742

CERTIFICATE OF DEATH

Reg. Dist. No. 19.1

1. PLACE OF DEATH:

County Howard
 City or town Ellicott City, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 33 Years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Howard
 City or town _____
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Montgomery Road, Elkridge P.O. Md.
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

FRANK JOHN MILLER

3. (b) Social Security Number

220-03-9804

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Alphonsa M. Otten
 8.(c) If alive, give age 65 years
 7. Birth date of deceased (mo., day, yr.) October 22, 1880.
 8. AGE: Years 65 Months 7 Days 7 it less than one day
 _____ hrs. _____ min.

9. Birthplace Germany
 (Town, county, and state)
 10. Usual occupation Farmer
 11. Industry or business _____

FATHER 12. Name August Miller
 13. Birthplace Germany
 MOTHER 14. Maiden name Mary (unknown)
 15. Birthplace Germany

16. Informant Mrs. Alphonsa M. Miller
 Address Montgomery Road, Elkridge P.O. Md.

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof 6/10/46.
 (month) (day) (year)
 Cemetery or crematory St. Marys Cemetery
 Location Ilchester, Md.

18. Funeral director Easton Sons
 Address Ellicott City, Md.

19. June 8, 1946 John B. Loughran
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7, 1946 at 1:45 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 7, 1946 to June 7, 1946and that I last saw him alive on June 7, 1946

Immediate cause of death _____ DURATION _____

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE _____ M. D. or other _____

Address _____ Date signed _____

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 12 1946
BUREAU V S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

06060

199

1. PLACE OF DEATH:

County Howard
 City or town Cooksville and Rural
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Five years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Howard CO
 City or town Cooksville Rural
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2(a) If veteran, name war _____

3. (a) FULL NAME

Martha E. Nealan

3. (b) Social Security Number

4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife Chas Nealan7. Birth date of deceased (mo., day, yr.) Dec 5 1890 6. (c) If alive, give age 55 years8. AGE: Years 55 Months 6 Days 13 If less than one day _____ hrs. _____ min.9. Birthplace Pou County Tenn
(Town, county, and state)10. Usual occupation House Wife11. Industry or business Home12. Name Lackson Hester13. Birthplace Tenn14. Maiden name Sarah Wright15. Birthplace Tenn16. Informant Chas NealanAddress Cooksville md17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof June 21 1946
(month) (day) (year)Cemetery or crematory North Baptist CemeteryLocation Lisbon Howard CO18. Funeral director Rob W. BarberAddress Cooksville md19. 6-21-1946 E. Paul Mueni
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18 19 46, at 11:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
May 12 19 46 to June 18 19 46
 and that I last saw her alive on June 17 19 46

Immediate cause of death _____ DURATION

Cachexia 2 weeks
 Due to Carcinoma of the cervix 30 years
with metastases

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations Dilatation + curettage -
showed carcinoma Date of op. May 1945

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Charles S. Whitaker, M.D.
M. D. or otherAddress Clarksville, Md. Date signed 6-19-46

RECEIVED

JUN 25 1946

BUREAU V S

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ¹⁴⁶

Registered No. 195

1. PLACE OF DEATH:

(a) ~~Baltimore City~~, Maryland

(b) Street address.....

(c) Hospital or institution:

Savage, Howard Co., Md.

(d) Length of stay in hospital or inst. (yrs., mos., or days).....

(e) Length of stay in Baltimore (yrs., mos., or days).....

3 (a) FULL NAME

JOHN WILLIAM SEATON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex

Male

5. Color or race

White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife

Elizabeth

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

1910

8. AGE:

Years

Months

Days

If less than one day

36

hr. min.

Kentucky

9. Birthplace.....

(Town, county, and state)

10. Usual Occupation

Laborer -- Farm

11. Industry or business

FATHER

12. Name

Unknown

13. Birthplace

"

MOTHER

14. Maiden Name

Unknown

15. Birthplace

"

16 (a) Informant

Mr. D. R. Sewell

(b) Address

Ellicott City Md

17 (a)

Removal

(b) Date thereof

6-4-46

(Burial, cremation, or removal)

(month) (day) (year)

(c) Cemetery or crematory

Inhomeden

Location

Inhomeden, etc

18 (a) Funeral director

F.C. Heinebaugh

(b) Address

Ellicott City Md

19 (a)

(Date rec'd by registrar)

(b)

Frank Shipley

Registrar

2. USUAL RESIDENCE OF DECEASED:

(a) State Md.

(b) County Howard Co.

(c) City or town Ellicott City (Rural)

(If outside city or town limits, write RURAL and give town)

(d) Street No. Route #1

(If rural give location)

(e) Citizen of foreign country?

(Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1, 1946, at 11:20 P.M.

21. I certify that I took charge of the remains described above, held an

Autopsy

thereon and from the evidence obtained

Autopsy, Inspection or Inquiry

by said Autopsy, Inspection or Inquiry, find that said deceased came

to his death on the day stated above, and death in my

opinion resulted from: natural causes ☐, accident ☐, suicide ☐.homicide ☒ undetermined ☐ and that the causes of death were:IMMEDIATE CAUSE OF DEATH Gunshot wound
of hip involving external iliac artery

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:

(a) Date of injury 6-1-46 at 10:30 P.M.

(b) Where did injury occur? 28 Front Street, Savage, Howard Co., Md.

(c) Did injury occur at home, on farm, industrial place, in public place, Home--(Neighbor's) while at work? No

(d) Means of injury Shooting

23. Signature Howard J. Walderis M.D.

Date signed 6-3-46 Medical Examiner.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 06662 195

1. PLACE OF DEATH: HOWARD
 County.....
 City or town..... LAUREL R.F.D. #1
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... LIFE
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State..... MARYLAND County..... HOWARD
 City or town..... LAUREL R.F.D. #1
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME
SAMUEL SMITH JR.

3. (b) Social Security Number

4. Sex MALE 5. Color or race WHITE b.(a) Single, married, widowed, or divorced WIDOWED
 6.(b) Name of husband or wife..... MARY E. SMITH
 6.(c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.) MARCH 29 - 1885
 8. AGE: Years 61 Months 2 Days 18 If less than one day..... hrs. min.

9. Birthplace..... MARYLAND
 (Town, county, and state)
 10. Usual occupation..... CARMAN

11. Industry or business..... B.O. P.P. CO

12. Name..... SAMUEL SMITH
 13. Birthplace..... MD

14. Maiden name..... Mrs RUTH ANN CADEL
 15. Birthplace..... MD.

18. Informant..... EDITH MURPHY
 Address..... LAUREL R.F.D. #1

17. BURIAL Date thereof..... JUNE - 19 - 46
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory..... SAVAGE
 Location..... SAVAGE MD

18. Funeral director..... Floyd Kaiser
 Address..... Laurel MD

19. 6/19/46 19.....
 (Date rec'd by registrar) Registrar..... Mark Shipley

MEDICAL CERTIFICATION

20. DATE OF DEATH..... June 16..... 19..... 46 at..... 69..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
June 17..... 19..... 46 to..... June 16..... 19..... 46
 and that I last saw h..... alive on..... June 16..... 19..... 46

Immediate cause of death..... Angina Pectoris
 DURATION
3 days

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of Injury..... Injured at work?.....

23. SIGNATURE..... Mark Shipley M. D. or otherAddress..... Laurel MD Date signed..... 6/19/46

RECEIVED
JUN 21 1944
BUREAU VI

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06663

Reg. Dist. No. 194

1. PLACE OF DEATH:

County Howard
 City or town Dayton, Md.
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Howard
 City or town Dayton
 (If outside city or town limits, write RURAL and give nearest town)

Street No.
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Rose Ann Stull

3. (b) Social Security Number

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced Widow

6. (b) Name of husband or wife Clinton Eugene Stull

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 4, 1868

8. AGE: Years 78 Months 4 Days 14 If less than one day
 hrs. min.

9. Birthplace Dayton, Md.
(Town, county, and state)10. Usual occupation At home

11. Industry or business

FATHER 12. Name George A. Howard
 13. Birthplace Md.

MOTHER 14. Maiden name Eliz. Johnson
 15. Birthplace Md.

16. Informant Mrs. J. I. Tasker
 Address Catonsville, Md.

17. Burial Date thereof 6-21-46
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory ProvidenceLocation Glenelg, Md.18. Funeral director F. C. HiginbothamAddress Ellicott City, Md.

19. 6-20 19 46
 (Date rec'd by registrar) Registrar Maria G. White

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18 19 46 at 11.20 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
June 5 19 46 to June 18 19 46
 and that I last saw her alive on June 15 19 46

Immediate cause of death

Myocardial insufficiency

DURATION

4 daysDue to Coronary sclerosis6 mos.Due to Arteriosclerosis5 yrs.

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Charles S. Whitaker M.D.

M. D. or other

Address Clarksville, Md. Date signed 6-19-46

RECEIVED
JUN 22 1946
BUREAU V.B.

N. E.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Howard Co. Registration Dist. No. 195
 Village or City Jessup Ind., R. 7-B No. Washington Blvd. St. Ward
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred 10 yrs. — mos. — ds. How long in U.S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME

Jennie Witzel If U. S. Veteran, specify WAR.
 (a) Residence: No. Jessup Ind. - Washington Blvd. St. Ward.
 (Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Widowed</u>		
6. DATE OF BIRTH (month, day, end year) <u>Oct. 18th 1874</u>		
7. AGE Years <u>71</u>	Months <u>8</u>	Days <u>8</u> If LESS than 1 day, — hrs. or — min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>House wife</u>	
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
	10. Date deceased last worked at this occupation (month and year)	
		11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Ind.
 (State or country)

13. NAME Jacob Sanders
 14. BIRTHPLACE (city or town) Germany
 (State or country)

15. MAIDEN NAME Margaret Sanders
 16. BIRTHPLACE (city or town) Baltimore Ind.
 (State or country)

17. INFORMANT Dr. Henry Sanders
 (Address) Jessup Ind.

18. BURIAL, CREMATION, OR REMOVAL
 Place Baths Cemetery Date June 29, 1946

19. UNDERTAKER Milton Schilling
 (Address) 3914 J. Hanover St.

20. FILED 6/27/46 Frank Shipley
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

June (Month) 26th (Day) 1946 (Year)

22. I HEREBY CERTIFY That I attended deceased from June 24, 1946 to June 26, 1946

I last saw him/her alive on June 24, 1946, death is said to have occurred on the date stated above, at 10 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Coronary thrombosis
M. B. - Found dead in bed.

Other Contributory Causes of Importance:

Hypertension
arteriosclerosis

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Frank Shipley M. D.

(Address) Savage, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>
Other contributory causes of importance:	
<i>Gallstones</i>	<i>May 1, 1923</i>

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>
Other contributory causes of importance:	
<i>Gastroenteritis</i>	<i>1 year</i>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

197

1. PLACE OF DEATH:

County Howard
 City or town Jessups
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Howard
 City or town Jessups
 (If outside city or town limits, write RURAL and give nearest town)

Street No.
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Joseph Henry Wolf

3. (b) Social Security Number

none

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Mary Wolf

7. Birth date of

deceased (mo., day, yr.)

Dec. 8, 1906

6. (c) If alive, give age

8. AGE:

Years

Months

Days

It less than one day

39524

hrs.

min.

9. Birthplace

Baltimore, Md.

(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

FATHER
MOTHER

12. Name

Frank Wolf

13. Birthplace

Germany

14. Maiden name

Elizabeth Heying

15. Birthplace

Germany

16. Informant

Mrs. Mary Wolf

Address

Jessups, Md.

17.

(Burial, cremation, or removal. Which?)

Burial

Date thereof

6/5/46

(month) (day) (year)

Cemetery or crematory

St. Laurence's Cem.

Location

Jessups, Md.

18. Funeral director

WM. J. TICKNER & SONS

Address

Balto., Md.

19.

(Date rec'd by registrar)

6-446

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

6/2

19

46

at

9 30

A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

6/2

19

46

to

6/2

19

46

and that I last saw him alive on

no date

19

Immediate cause of death

Compound comminuted fracture of skull

DURATION

instant

Due to

Due to

Other conditions

multiple fracturesinstant

(Include pregnancy within 3 months of death)

Major findings of operations

none

Date of op.

Autopsy results

none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following:

Accident, suicide, or homicide

Accident

Date of

6/2/46

Where did injury occur?

JessupsHowardMd

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

B & O Railroad, Jessup

Means of injury

Struck by Train

Injured at work?

no

23. SIGNATURE

George E. Buehler M.D.

DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY

M. D. or other

Address

Ellicott City, Md.

Date signed

6/2/46